

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033774

Registration District No. 318

Primary Registration District 1003

Registrar's No. 8852

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 6 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 day	c. CITY OR TOWN East St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1217 Gaty Str.
3. NAME OF DECEASED (Type or print) First Roy Middle Jenkins Last Jenkins		4. DATE OF DEATH Month September Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Marion, Ark
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Willie Jenkins	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic Pyelo nephritis DUE TO (c) 6000		14. NAME OF HUSBAND OR WIFE Jennie Mae Jenkins. (Separated)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:40 a.m. A.M. Month, Day, Year Sept. 1, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION East St. Louis	
21. I attended the deceased from Sept. 1, 1963 to Sept. 2, 1963 and last saw ^{her} him alive on Sept. 2, 1963 Death occurred at 1:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 9/3/63	
22a. SIGNATURE (Degree or title) Massas Odoms M.D.		22b. ADDRESS 1755 South Brand Blvd.	
23a. BURIAL, CREMATION, REMOVAL (Specify) 9-2-63	23b. DATE 9-2-63	23c. NAME OF CEMETERY OR CREMATORY Booker Washington Center	23d. LOCATION (City, town, or county) East St. Louis, Ill.
24. FUNERAL DIRECTOR Griggler Funeral Home - East St. Louis		25. DATE REC'D. BY LOCAL REG. SEP 3 1963	

DOCUMENT

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed G. L. Crayler
Licensed Embalmer No. 3346

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.